

1419

**Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report**

Agency Name: Massachusetts State Police

Individual Completing Report: Officer Risteen

Date Completed: 4/3/12

Phone Number:

Reporting Quarter	Reporting Period	Report Due Date
X 1 st Quarter	January 1 st – March 31 st , 2012	April 15 th , 2012
___ 2 nd Quarter	April 1 st – June 30 th , 2012	July 15 th , 2012
___ 3 rd Quarter	July 1 st – September 30 th , 2012	October 15 th , 2012
___ 4 th Quarter	October 1 st – December 31 st , 2012	January 15 th , 2013

Please provide information that reflects use of electronic control weapons (ECWs) *during this quarter only*.

Police departments that have issued ECWs to their officers must submit a quarterly report **even if ECWs were not used or were not issued** during the quarter. In this case, indicate that the ECW were used in zero incidents.

If you have any questions about this report, please contact James Stark at 617-725-3354 or james.stark@state.ma.us.

Part I. Agency Level Information

1. How many sworn officers were in your department at the end of this quarter?	2100
2. How many officers have completed the approved training program for ECWs?	32
3. How many ECWs does your department own?	36
4. In how many <i>incidents</i> was an ECW involved during this quarter? (An incident is an event in which the officer issued a warning or displayed or deployed an ECW.)	0

**Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report**

B: EXAMPLES OF INCIDENT LEVEL INFORMATION:

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit? Y/N	# of Probe Deployments	Subject Submitted? Y/N	# of Stun Deployments	Did Subject Submit? Y/N	Target's Gender	Target's Race / Ethnicity
1		1/1/12	S	No	0	n/a	2	Yes	M	W
1		1/1/12	n/a	n/a	1	Yes	0	n/a	M	W
2		2/1/12	V	No	0	n/a	1	No	F	B
3		3/1/12	V, L, S	No	1	No	3	No	M	A
4		3/15/12	V	Yes	0	n/a	0	n/a	M	H
5		3/31/12	n/a	n/a	1	Yes	1	No	M	I

C: CURRENT INCIDENT LEVEL INFORMATION*

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit? Y/N	# of Probe Deployments	Subject Submitted? Y/N	# of Stun Deployments	Did Subject Submit? Y/N	Target's Gender	Target's Race / Ethnicity

**If necessary, please add rows by cutting and pasting additional cells*

Part III. Additional Information

If there is any other information you would like to report, including details regarding a specific incident or incidents, please use this space to do so.

**Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report**

Agency Name: **Massachusetts State Police**

Individual Completing Report: **Captain John B. McHale #1506**

Date Completed: **07-09-12**

Phone Number: **508-820-2162**

1426

Reporting Quarter	Reporting Period	Report Due Date
____ 1 st Quarter	January 1 st – March 31 st , 2012	April 15 th , 2012
__x__ 2 nd Quarter	April 1 st – June 30 th , 2012	July 15 th , 2012
____ 3 rd Quarter	July 1 st – September 30 th , 2012	October 15 th , 2012
____ 4 th Quarter	October 1 st – December 31 st , 2012	January 15 th , 2013

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Part I. Agency Level Information

1. How many sworn officers were in your department at the end of this quarter?	2000
2. How many officers have completed the approved training program for ECWs?	39
3. How many ECWs does your department own?	
Taser "X3"	6
Taser "XREP"	39
4. In how many <i>incidents</i> was an ECW involved during this quarter? (An incident is an event in which the officer issued a warning or displayed or deployed an ECW.)	2

**Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report**

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1		1/1/11	S	No	0	n/a	2	Yes	M	W
1		1/1/11	n/a	n/a	1	Yes	0	n/a	M	W
2		2/1/11	V	No	0	n/a	1	No	F	B
3		3/1/11	V, L, S	No	1	No	3	No	M	A
4		3/15/11	V	Yes	0	n/a	0	n/a	M	H
5		3/31/11	n/a	n/a	1	Yes	1	No	M	I

C: CURRENT INCIDENT LEVEL INFORMATION*

Incident Number	Weapon Serial Number	Date of Incident	Warning Type	Did Subject Submit? Y/N	# of Probe Deployments	Subject Submitted? Y/N	# of Stun Deployments	Did Subject Submit? Y/N	Target's Gender	Target's Race / Ethnicity
1		4/4/12	V	N	2	N	2	Y	M	B
2		4-20-12	V	N	2	N	1	Y	F	W

**If necessary, please add rows by cutting and pasting additional cells*

Part III. Additional Information

If there is any other information you would like to report, including details regarding a specific incident or incidents, please use this space to do so.

Taser Brand electronic weapons are carried by the MSP Special Tactical Operations Team (STOP Team) operators only. There are two weapon systems in use, the "X3" pistol style and the "XREP" less lethal shotgun delivery system. The Taser weapons were issued to STOP Team members following completion of training and operator certifications in February 2011.

**Executive Office of Public Safety and Security
Electronic Control Weapons (ECWs) Use Quarterly Report**

Agency Name: **Massachusetts State Police**

Individual Completing Report: **Captain John B. McHale #1506**

Date Completed: **10-10-12**

Phone Number: **508-820-2162**

Reporting Quarter	Reporting Period	Report Due Date
____ 1 st Quarter	January 1 st – March 31 st , 2012	April 15 th , 2012
____ 2 nd Quarter	April 1 st – June 30 th , 2012	July 15 th , 2012
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Agency Name: **Massachusetts State Police**

Individual Completing Report: **Captain John B. McHale #1506**

Date Completed: **01-10-13**

Phone Number: **508-820-2162**

Reporting Quarter	Reporting Period	Report Due Date
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3		3/1/11	V, L, S	No	1	No	3	No	M	A
4		3/15/11	V	Yes	0	n/a	0	n/a	M	H
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